

Procedure Update Webinar



January 29, 2016
10:00 – 12:00 CST



NAVAGATING Adobe Connect



AGENDA

- ❖ Income Documentation (proof) - new policy
- ❖ Check Issuance reminders
- ❖ Certifying Infants
- ❖ Recertification of VOC Participants
- ❖ Notices of Ineligibility & Termination
- ❖ Breastfeeding & Food Packages
- ❖ Food Package Milestones
- ❖ Future Webinar Dates
- ❖ Other Items – 2016 Annual Meeting

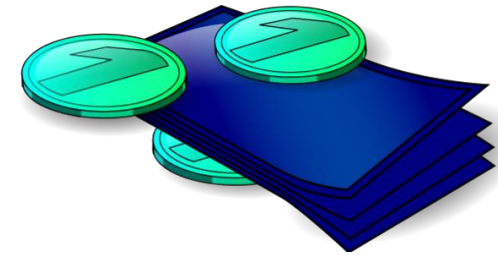




Income Documentation

NUMBER OF PROOFS NEEDED

New Policy



ALL APPLICANTS MUST SHOW INCOME PROOF FOR THE LAST 30 DAYS

Paid Weekly – Same Amount Each Week

Must Show Four Paystubs as Proof

Week 1

Week 2

Week 3

Week 4

\$200

\$200

\$200

\$200

Entering Into Journey

Economic Unit Momma Vikings ▼ ◀ 1 of 1 ▶

Record Dates 01/28/2016 ▼ ◀ 3 of 3 ▶ + New ✎ Edit ✖ Delete

***Household Size**

Summary Period ☒ Annual ☐ Monthly **Total Income:** \$10,400.00

Income Determination

Sources	Proof	Amount	Period
▶ Employment	Pay stub (paper or elec...	\$200.00	Weekly

Paid Weekly – Different Amount Each Week

Must Show Four Paystubs as Proof

Week 1	Week 2	Week 3	Week 4
\$250	\$198	\$225	\$250

Entering Into Journey

Income Determination			
Sources	Proof	Amount	Period
▶ Employment	Pay stub (paper or elec...		Weekly

Income Calculator

Weekly Income | Bi-Weekly Income | Semi-Monthly Income | Monthly Income | Hourly Income

Enter up to four weekly income amounts. Income Calculator will compute the average weekly income. Click the Close button to return to the Income panel.

Amount 1	\$250.00
Amount 2	\$198.00
Amount 3	\$225.00
Amount 4	\$250.00

Average Weekly Income: \$230.75

Paid Bi-Weekly (Every Other Week)

Must Show Two Or Three Paystubs as Proof –
Paid Three Times/Month 2 Times Each Year

Check 1

Check 2

\$531

\$531

Paid Bi-Monthly (Two Times/Month)

Must Show Two Paystubs as Proof

Check 1

\$915

Check 2

\$1234

Paid Monthly

Must Show One Paystub as Proof



Check 1



\$3568

When Does The Change Begin???



New Clients/Recert
Appointments

- Immediately

Clients Who Have
Appointments
Scheduled

- Next Certification

Other Changes to Journey

- * English Appointment Reminder Has Been Updated**
- * Spanish Appointment Reminder Update Is In Process**


Questions




Check Issuance

MICR LINE

- ❖ Printed line on the bottom of the food instrument that contains banking information.
- ❖ A proper MICR line makes the food instrument valid and can be processed by automated check readers.

		NEBRASKA WIC PROGRAM 301 Centennial Mall South • Lincoln, Nebraska 68509-9026 Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9212 or visit www.wic.gov/pis/about/wic.htm		50005699 First Date to Use: 5/1/2015 Last Date to Use: 5/31/2015	
Clinic ID: 4		Name:		Acct #: 804623	
1 (DOZEN) MEDIUM OR LARGE EGGS 24 (OUNCES OR LESS) CEREAL 1 (16-18 OZ) PEANUT BUTTER OR DRIED BEANS -or- 4 (15-16 OZ) CANNED BEANS 2 (GALLON) MILK - 1% OR FAT FREE SKIM 1 (11.5-12 OZ) FROZEN OR POURABLE CONCENTRATE JUICE		FID:		75 1248 9:9	
		Vendor ID Stamp		Purchase Amount \$	
		Not Payable Without Authorized Nebraska Vendor ID Stamp		Corrected Amount	
Authorized Signature - Must be signed at retail counter					
Vendor Must Deposit Within 60 Days From First Date To Use					

Distorted MICR LINE

		NEBRASKA WIC PROGRAM 301 Centennial Mall South • Lincoln, Nebraska 68509-5026 <small>Buying, selling or otherwise causing WIC benefits is a crime. To report suspected abuse, call 800-424-9212 or visit www.usda.gov/wic/hotline.htm</small>		75-1248 919		Acct #: 804623		50462240 First Date to Use: 12/1/2015 Last Date to Use: 12/31/2015	
Clinic ID:		Name:		FID:		Vendor ID Stamp		Purchase Amount	
		1 (DOZEN) MEDIUM OR LARGE EGGS 1 (16-OZ) BREAD/ TORTILLAS OR (14-16) OZ BROWN RICE 2 (GALLON) WHOLE MILK 1 (64-OZ) JUICE						\$	
						<small>Not Payable Without Authorized Nebraska Vendor ID Stamp</small>		Corrected Amount	
						Authorized Signature - Must be signed at retail counter			
This participant's certification ends on 03/31/2016.									
<small>Vendor Must Deposit Within 60 Days From First Date To Use Payable Through Section C (2010) Missouri Rev. Howard Lake Mo. 25349</small>									

C50462340C A091912482A 804623C

- ❖ Always Check the MICR Line to make sure it is correct.
- ❖ If you have food instruments that have this type of MICR line call the help desk immediately!

Lost & Stolen Checks

- ❖ Only replace infant formula or formula issued from a food package III.
- ❖ One time replacement (6 month period).
- ❖ Procedure
 - ❖ Use the “Reprint” Function, to replace formula only.
 - ❖ DO NOT VOID other food checks that you are not replacing.
 - ❖ Complete a “lost and stolen check report and scan into the client record.

Nebraska WIC Program
Lost or Stolen Check Report

Client ID Number: _____ Family ID Number: _____
Client last name: _____ Client first name, Middle Initial: _____
I certify that the following checks were: ☐ Lost ☐ Stolen

Check Numbers (List Individually)	
Original Checks	Replacement Checks
Date of Issue: _____ (MM/YY)	Date of Issue: _____ (MM/YY)

If I receive replacement checks and the lost/stolen checks are found, I will not use the previously lost/stolen checks at the store and will return them to the clinic to be voided.

Responsible Party Signature/Date _____ Authorized WIC Staff Signature _____

Check One: ☐ Benefits until next appointment have been replaced.
☐ Benefits have not been replaced.

01/05

Check Replacement

When to VOID

- ❖ Changed Food prescription
- ❖ Not issued FI's
- ❖ Returned not redeemed
- ❖ Cannot reverse a Voided check

File Edit Printouts View Help

Family: 206617 Chili Pepper 5 - 15 SPENCER

Clinic Services

- Income
- Voter Registration
- Application
- Participant Category
- Comments/Alerts
- Assessment
 - Visit Summary
 - Pregnancy
 - BF PC Documentation
 - Anthropometrics
 - Blood
 - Nutrition Interview
 - Risk
- Certification/Termination
 - Certification
- Education and Care
- Foods
 - Food Package
 - Issuance Summary
 - Returned Formula
 - Food Benefits
 - FI History
 - FMNP
- Activity

Food Benefits

Printing Options

Print Reprint

Mailed ☐

Reason

Screen View

Top Level View ☒ Issuance ☐ Participant Void

Expand to See Mail

Void FIs

FIs to Void				
Participant Name	Void	FI Number	FDTU	Void Code
Chili Pepper	<input checked="" type="checkbox"/>	50616377	01/01/2016	Changed Food Prescription
Chili Pepper	<input type="checkbox"/>	50616378	01/01/2016	

Select Here to Change Void Code of All Selected FIs

Close

9001 A Void Code for FI: 50616377 is a required field.

Check Replacement

WHEN TO REPRINT

- ❖ Damaged Checks
- ❖ Lost & Stolen checks
- ❖ Custody Change

File Edit Printouts View Help

Family: 206617 Chili Pepper 5 - 15 SPENCER

Clinic Services

- Income
- Voter Registration
- Application
- Participant Category
- Comments/Alerts
- Assessment
 - Visit Summary
 - Pregnancy
 - BF PC Documentation
 - Anthropometrics
 - Blood
 - Nutrition Interview
 - Risk
- Certification/Termination
 - Certification
- Education and Care
- Foods
 - Food Package
 - Issuance Summary
 - Returned Formula
 - Food Benefits
 - FI History
 - FMNP
- Activity

Food Benefits

Printing Options

Print Reprint

Mailed ☐

Reason

Screen View

Top Level View ☒ Issuance ☐ Participant Void

Expand to See Mail

Reprint FI

Participant Name	Reprint	FI Number	FDTU	Void Code
Chili Pepper	<input checked="" type="checkbox"/>	50616377	01/01/2016	Damaged
Chili Pepper	<input checked="" type="checkbox"/>	50616378	01/01/2016	Damaged


Select Here to Change Void Code of All Selected FIs

Print Cancel

9001 A Void Code for FI: 50616378 is a required field.

Formula Check Issuance

- ❖ General rule of thumb when **TAILORING** food packages is **only 5 cans** of infant formula per food instrument.
- ❖ If you have a model food package that gives you a full package on one FI, notify the State WIC staff.

 NEBRASKA WIC PROGRAM 301 Centennial Mall South • Lincoln, Nebraska 68509-5026 Paying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9212 or visit www.wicstate.gov/abusehotline.htm		75-1248 919	Acct #: 804623	50038592 First Date to Use: 8/1/2015 Last Date to Use: 8/31/2015
Clinic ID:	Name:	FID:		
9 (14.1 OZ) ELECARE FOR INFANTS POWDER				
Vendor ID Stamp		Purchase Amount \$		
Contracting Amount		Contracting Amount		
This participant's certification ends on 03/31/2016.				
Vendor Must Deposit Within 60 Days From First Date to Use				
50038592 09191248 21 80462308				

Check Issuance

OF MONTHS TO ISSUE



Any participant that needs to come to clinic every month



First issuance for new participants

Infants under 6 months of age

Most Pregnant women

Breastfeeding and Not Breastfeeding women with infant under 6 months

Clinics that are only open every other month



Infants 6-12 months

Most Children (if not in family with infant or higher risk participant)

New baby or new participant in clinics that are only open every other month

Questions



Recertifying Infant to Child

Cert in month before birthday

- Need to cert early
- Modify cert end date
- Food package

Cert in birthday month

- Cert end date is last day of current month

Cert in month after birthday

- Need to extend cert
- Modify cert end date
- Food package

Recert in Birthday Month

Participant: **Sammi Snowflake** Category: **Infant (Female)** No Longer BF BW [Edit](#)
Date of Birth: 01/30/2015 (11 m 28 d) WIC Status: Active **Cert. End: 01/2016** Last FB: Jan 16
10/8/2015, cont to grow *FB Issuance 3 Months

Information

Do you want a Child Certification?

Yes No

Food Package

Effective Date 02/01/2016 4 of 4 New Edit Delete

End Date: Do Not Auto-Update No WIC Formula

Verified Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Verify Self-Reported Details

Model Food Package Toddler - Standard Milk

View Full 2/3 1/3 *FB Issuance 3 Months 1st Day: 1

Food Package Name: Toddler - Standard Milk

Cert in month
before birthday

Recert in Month BEFORE Birthday Month

Participant: **Winter Storm** Category: **Infant (Male)** No Longer BF BW [Edit](#)
Date of Birth: **02/14/2015 (11 m 13 d)** WIC Status: Active Cert. End: 02/2016 Last FB: Jan 16
8/27/2015, Start solid foods. *FB Issuance 3 Months ▼

- Cert ends in February and we need to do the cert in January
- When was Last FB issuance?
- Modify Cert End Date

Modify Cert End Date

Participant Winter Storm 2 of 2

Category: Infant (Male) **No Longer BF** **BW**
Date of Birth: 02/14/2015 (11 m 13 d) **WIC Status:** Active **Cert. End:** 02/2016 **Last FB:** Jan 16

Certification

Certification Dates 02/20/2015 1 of 1


Buttons: Certify, Summary, Signature, Fulfill Prov, Modify Cert End Date, Reinstatement

Termination

Record Date

Fields:
Certification End Date: 02/29/2016
Initial Certification Date: 02/20/2015
Application Type: Regular
Modified CED: 01/31/2016
Categorical Elig End Date: 02/29/2020

Modify Certification End Date

 Modify Certification End Date is not equal to Certification End Date 02/29/2016. Do you want to save it?

Buttons: Yes, No

Reason

Staff Member:

Finish Assessment & Certify

Participant Winter Storm 2 of 2

Category: Infant (Male) **No Longer BF** **BW**

Date of Birth: 02/14/2015 (11 m 13 d) **WIC Status:** Active **Cert. End:** 07/2016 **Last FB:** Jan 16

Nutrition Interview

Record Dates 01/27/2016 1 of 3 + New Edit Delete

Health Care Provider dave ☐ No Health Care Provider **Certification Category:** Child

Do you give WIC permission to share Winter's WIC information with this health care provider? ☐ Yes ☐ No

Current Summary
Health/Medical

1a. What concerns do you have

1b. Does Winter have any medical conditions?
Medical Conditions

☐ 347 - Cancer ☐ 354 - Celiac Disease

Starters/Prompts

Information

Do you want a Child Certification?

Yes No

Conditions ☒ No Conditions

Julieann Boyle 01/27/2016

New food package for month AFTER birthday month

Participant Winter Storm 2 of 2

Category: Infant (Male) **No Longer BF** **BW**
Date of Birth: 02/14/2015 (11 m 13 d) **WIC Status:** Active **Cert. End:** 07/2016 **Last FB:** Jan 16

Food Package

Effective Date 03/01/2016 7 of 7 New Edit Delete

End Date: Do Not Auto-Update Full Formula

Verified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)
Self-Reported ☐ Details

Verify Copy

Model Food Package: Toddler - Standard Milk

View: ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance 3 Months 1st Day: 1

Food Package Name: Toddler - Standard Milk

Food Package

Category	Item Description	FI1	FI2	FI3	Month	Total	Doc ID
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS			1	All	1	
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL		36		All	36	
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...		1		All	1	
16 Grains	(16-OZ) BREAD/ TORTILLAS OR (14...		1	1	All	2	
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1	
51 Milk - Whole	(GALLON) WHOLE MILK		2	2	All	4	

Add Food Remove Food Add FI Remove FI

Issue Food Benefits

Participant: **Winter Storm**

Category: **Infant (Male)**

No Longer BF

BW

[Edit](#)

Date of Birth: 02/14/2015 (11 m 13 d)

WIC Status: Active

Cert. End: 07/2016

Last FB: Jan 16

8/27/2015, Start solid foods.

*FB Issuance

2 Months

**New cert period
Feb-July**

- ☐ 3/1/2016 - 3/31/2016
 - ☐ Winter Storm
 - ☐ Toddler - Standard Milk
 - ☒ 1 (Full)
 - ☒ 2 (Full)
 - ☒ 3 (Full)
- ☐ 2/1/2016 - 2/29/2016
 - ☐ Winter Storm
 - ☐ Enfamil Infant 9-11 mo CVV + Jars Full Formula
 - ☒ 1 (Full)
 - ☒ 2 (Full)
 - ☒ 3 (Full)
 - ☒ 4 (Full)

Cert in month
after birthday

Recert in Month AFTER Birthday Month

Participant:	Thunder Snow	Category:	Child (Male)	No Longer BF	HR	Edit
Date of Birth:	01/27/2015 (1 y 0 m)	WIC Status:	Active	Cert. End:	01/2016	Last FB: Nov 15
				*To issuance	3 Months	▼

- Cert ends in January and we need to do the cert in February
- Modify Cert End Date

Modify Cert End Date

Participant Thunder Snow 2 of 2

Category: Child (Male) **No Longer BF** **HR**
Date of Birth: 01/27/2015 (1 y 0 m) **WIC Status:** Active **Cert. End:** 01/2016 **Last FB:** Nov 15

Certification

Certification Dates 02/17/2015 1 of 1

Certify Certification End Date: 01/31/2016 Initial Certification Date: 02/17/2015
Summary Application Type: Regular Modified CED: 02/29/2016
Signature Categorical Elig End Date: 01/31/2020
Fulfill Prov
Modify Cert End Date

Termination

Record Date

Modify Certification End Date

! Modify Certification End Date is not equal to Certification End Date 01/31/2016. Do you want to save it?

Yes **No**

Reinstate

Reason

Staff Member:

New food package for month AFTER birthday month

Participant Thunder Snow 2 of 2

Category: Child (Male) **No Longer BF** **HR**

Date of Birth: 01/27/2015 (1 y 0 m) **WIC Status:** Active **Cert. End:** 02/2016 **Last FB:** Nov 15

Food Package

Effective Date: 02/01/2016 4 of 4 New Edit Delete

End Date: Do Not Auto-Update ☐

Verified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Verify Self-Reported ☐ Details

Copy Model Food Package Toddler - Standard Cheese

View ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance 2 Months 1st Day: 1

Food Package Name: Toddler - Standard Cheese

Food Package

Category	Item Description	FI1	FI2	FI3	Month	Total	Doc ID
02 Cheese	(16-OZ) STORE BRAND CHEESE		1		All	1	
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS			1	All	1	
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL		36		All	36	
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...		1		All	1	
16 Grains	(16-OZ) BREAD/ TORTILLAS OR (14...		1	1	All	2	
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1	

Add Food Remove Food Add FI Remove FI

Issue Food Benefits

Participant: Thunder Snow	Category: Child (Male)	No Longer BF	HR	Edit
Date of Birth: 01/27/2015 (1 y 0 m)	WIC Status: Active	Cert. End: 02/2016	Last FB: Nov 15	
		*FB Issuance	2 Months	

2/1/2016 - 2/29/2016
Thunder Snow
Toddler - Standard Cheese
1 (Full)
2 (Full)
3 (Full)
1/1/2016 - 1/31/2016
Thunder Snow
Enfamil Infant 9-11 mo CVV + Jars Full Formula
1 (Full)
2 (1/3)
3 (1/3)

Recert in Month AFTER Birthday Month

Auth Rep: HELLO HAWAII	Category: Breastfeeding	HR	Edit
Date of Birth: 11/01/1988 (27 y)	WIC Status: Active	Cert. End: 01/2016	Last FB: Dec 15
		*FB Issuance	3 Months

Participant: Aloha Hawaii	Category: Infant (Male)	Prim Exd/Comp	BW	Edit
Date of Birth: 01/29/2015 (11 m 29 d)	WIC Status: Active	Cert. End: 01/2016	Last FB: Dec 15	
		*FB Issuance	3 Months	

- Fully Breastfeeding Infant
- Cert ends in January and we need to do the cert in February
- Modify Cert End Date

Modify Cert End Date

Participant: Aloha Hawaii | 3 of 3

Category: Infant (Male) | **Prim Excl/Comp** | BW

Date of Birth: 01/29/2015 (11 m 29 d) | WIC Status: Active | Cert. End: 01/2016 | Last FB: Dec 15

Certification

Certification Dates: 02/11/2015 | 1 of 1

Certify | Summary | Signature | Fulfill Prov | Modify Cert End Date

Certification End Date: 01/31/2016 | Initial Certification Date: 02/11/2015 | Application Type: Regular | Modified CED: 02/29/2016 | Categorical Elig End Date: 01/31/2020

Termination | **Record Date**

Reinstate

Reason

Modify Certification End Date

⚠ Modify Certification End Date is not equal to Certification End Date 01/31/2016. Do you want to save it?

Yes No

New food package for month AFTER birthday month

Participant Aloha Hawaii 3 of 3

Category: Infant (Male) **Prim Excl/Comp** **BW**
Date of Birth: 01/29/2015 (11 m 29 d) **WIC Status:** Active **Cert. End:** 02/2016 **Last FB:** Dec 15

Food Package

Effective Date 02/01/2016 4 of 4 [New](#) [Edit](#) [Delete](#)

End Date: ☐ Do Not Auto-Update ☐ No WIC Formula

Verified ☐ Special Diet (Prescribed Formula/Food, Religious Reason) [Documentation](#)
☐ Self-Reported ☐ Details

Model Food Package Toddler - Standard Milk

View ☒ Full ☐ 2/3 ☐ 1/3 ***FB Issuance** 3 Months **1st Day:** 1

Food Package Name: Toddler - Standard Milk

Food Package

Category	Item Description	FI1	FI2	FI3	Month	Total	Doc ID
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS			1	All	1	
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL		36		All	36	
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...		1		All	1	
16 Grains	(16-OZ) BREAD/ TORTILLAS OR (14...		1	1	All	2	
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1	
51 Milk - Whole	(GALLON) WHOLE MILK		2	2	All	4	

Issue Food Benefits

Auth Rep: HELLO HAWAII Date of Birth: 11/01/1988 (27 y)	Category: Breastfeeding WIC Status: Active	118 Cert. End: 01/2016 *FB Issuance	Last FB: Jan 16 2 Months	Edit
Participant: Aloha Hawaii Date of Birth: 01/29/2015 (11 m 29 d)	Category: Infant (Male) WIC Status: Active	Prim Excl/Comp Cert. End: 02/2016 *FB Issuance	BW Last FB: Feb 16 2 Months	Edit

- 2/1/2016 - 2/29/2016
 - Aloha Hawaii
 - Toddler - Standard Milk
 - ☒ 1 (Full)
 - ☒ 2 (Full)
 - ☒ 3 (Full)
- 1/1/2016 - 1/31/2016
 - HELLO HAWAII
 - FBF-Women - Standard Cheese
 - ☒ 1 (Full)
 - ☒ 2 (1/3)
 - ☒ 3 (1/3)
 - ☒ 4 (1/3)
 - Aloha Hawaii
 - Infant Foods- Full BF 6-11 mos
 - ☒ 1 (1/3)

Questions



Recertification of VOCs

Family

Auth Rep: **Momma Cardinals**

[Edit](#)

Participant: **Brylee Cardinals**

Category: **Infant (Female)** Never BF

[Edit](#)

Date of Birth: 02/05/2015 (11 m 23 d)

WIC Status: Active - VOC

Cert. End: 02/2016

Last FB: Jan 16

11/06/2015, Slowly introduce table foods.

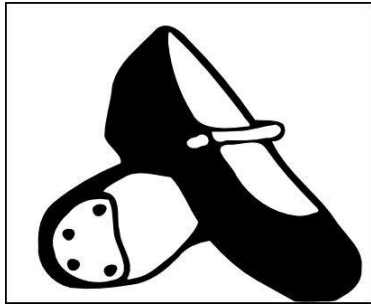
*FB Issuance

3 Months

Proxy: **Carson Phoenix**

[Edit](#)

TAP...TAP...TAP...TAP...TAP...TAP...TAP



Terminate Participant

- EFFECTIVE DATE = Today's Date

Participant Brylee Cardinals 1 of 1

Age: Infant (Female) **Never BF**

Birth: 02/05/2015 (11 m 23 d) **WIC Status:** Terminated **Cert. End:** 02/29/2016

Certification Dates 11/06/2015 1 of 1

Termination

Record Date 01/28/2016 1 of 1 + New

***Termination Reason** VOC - Active

***Effective Date** 01/28/2016

Application

- Choose NEW

WIC Status History

	Date	WIC Status	Reason	Staff Person
▶	01/28/2016	Pending	Application Created	Marge Blankenship

Participant Category

- Change If Needed





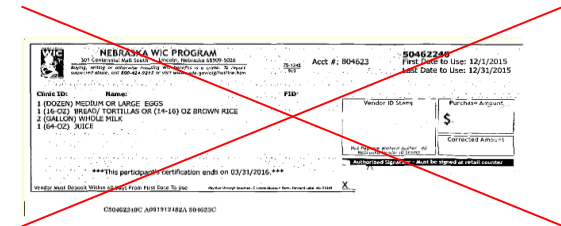
REMEMBER

Journey will Allow You To Complete ALL the Steps to Certify a Client



BUT

You Will Not Be Able to Print Checks For That Person



Questions



Notice of Ineligibility & Termination

When To Use:

Notice of Ineligibility

Notice of Termination

Notice of Ineligibility

- **Over Income**
- **Requires a Signature**

Notice of Termination

- All Other Reasons
- When Someone wants to know when their benefits ended
- **No Signature Required**

Notice of Ineligibility

Family

Auth Rep: Momma Panthers	IN	Edit
Participant: Go Panthers Date of Birth: 02/12/2012 (3 y 11 m)	Category: Child (Female) WIC Status: Ineligible	IN Cert. End: 08/2015 Last FB: Aug 15 *FB Issuance 2 Months ▼
Additional Auth Rep: Cam Panthers	IN	Edit
Proxy: Coach Carolina		Edit
Proxy: Grandma Panthers		Edit

Enter Income

2396 Momma Panthers 40 - 16 CRETE

Income

Economic Unit Momma Panthers 1 of 1

Record Dates 01/27/2016 2 of 2 New Edit Delete

Import Sources

Household Size 4

Summary Period ☒ Annual ☐ Monthly Total Income: \$52,000.00

Check Income Eligibility

Link [Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination					
Sources	Proof	Amount		Period	Note
▶ Employment	Pay stub (paper or elec...	\$2,000.00		Bi-weekly	

Ineligible Pop - Up

2396 Momma Panthers 40 - 16 CRETE

Income

Economic Unit Momma Panthers 1 of 1

Record Dates 01/27/2016 2 of 2 + New Edit

Import Sources

Check Eligibility

Eligible:

Not to be served at this time

Name	Eligibility Status	Action	Expected Prio...
Go Panthers	Ineligible, no certification		

Close

Using Action Check Box

2396 Momma Panthers 40 - 16 CRETE

Income

Economic Unit Momma Panthers 1 of 1

Record Dates 01/27/2016 2 of 2 New Edit Del

Import Sources

Check Eligibility

Eligible:

Not to be served at this time

Name	Eligibility Status	Action	Expected Prio...
Go Panthers	Ineligible, no certification	<input checked="" type="checkbox"/>	

Close

Print Notice

Printouts View Help

- Farmers' Market Nutrition Program Receipt - English
- General Signature Document
- Notice of Ineligibility - English**
- Notice of Termination - English
- Notice of Waiting List - English
- Release of Information
- Rights and Responsibilities - English
- Signed Statement - English
- Verification of Certification

panthers 1 of 1

016 1 of 2 + New Edit Delete

Size 4

period ☒ Annual ☐ Monthly Total Income: \$52,000.00

ation Guide

y
t/Address

Link
[Adjunct Eligibility](#)

Add New

Income Determination				
Sources	Proof	Amount		Period
▶ Employment	Pay stub (paper or elec...	\$2,000.00		Bi-weekly

Notice of Ineligibility



Nebraska WIC Program Notice of Ineligibility

01/27/2016

The following is/are not eligible for the WIC Program for the following reason

Go Panthers - Over income

CRETE
620 5th St
PO Box 273
Fairbury, NE 68352
(402) - 729-2278

If you disagree with this decision, you have 60 days from the date of this notice to appeal the decision by requesting a Fair Hearing.

Notice of Termination

Termination Notice:

- Prints Name and Term Reason ON or AFTER Date of Termination
- WIC Must Provide 15 days Notice to Termed Clients

Notice of Termination Work Around



Work Around Steps

Family

Auth Rep: **Momma Broncos**

[Edit](#)

Participant: **Go Broncos**

Category: **Child (Male)**

BW

[Edit](#)

Date of Birth: 09/09/2011 (4 y 4 m)

WIC Status: Active

Cert. End: 03/2016

Last FB: Oct 15

*FB Issuance

2 Months



Additional Auth Rep: **Peyton Denver**

[Edit](#)

Proxy: **Coach Broncos**

[Edit](#)

Proxy: **Grandma Denver**

[Edit](#)

Step 1: Open Cert Panel/Choose New Record

Clinic Services

- Search
 - Simple
 - Advanced
 - BF PC Caseload
 - BF PC Assignment
 - Investigator Family
 - Waiting List
- New Family
- Family/Intake
 - Certification Guide
 - Family
 - Identity
 - Contact/Address
 - Income
 - Voter Registration
 - Application
 - Participant Category
 - Comments/Alerts
- Assessment
- Certification/Termination
 - Certification**
- Education and Care
- Foods
- Activity

Participant Go Broncos 1 of 1

Category: Child (Male) **BW**
Date of Birth: 09/09/2011 (4 y 4 m) **WIC Status:** Active **Cert. End:** 03/2016 **Last FB:** Oct 15

Certification

Certification Dates 09/24/2015 1 of 9

Certify Certification End Date: 03/31/2016 Initial Certification Date: 09/29/2011
Summary Application Type: Regular Modified CED: 03/31/2016
Signature Categorical Elig End Date: 09/30/2016
Fulfill Prov
Modify Cert End Date


Termination

Record Date 01/28/2016 2 of 2 **+ New** Edit Delete

***Termination Reason**
***Effective Date**
Staff Member: Marge Blankenship

Reinstate

Date
Reason
Staff Member:



Step 2: Term Using TODAY's Date

Participant Go Broncos		1 of 1	
Category: Child (Male)			
Date of Birth: 09/09/2011 (4 y 4 m)		WIC Status: Terminated	Cert. End: 03/2016
Certification			
Certification Dates 09/24/2015		1 of 9	
<div>Certify</div> <div>Summary</div> <div>Signature</div> <div>Fulfill Prov</div> <div>Modify Cert End Date</div>	Certification End Date: 03/31/2016		Initial Certification Date: 09/29/2011
	Application Type: Regular		Modified CED: 03/31/2016
	Categorical Elig End Date: 09/30/2016		
	Termination		
	Record Date 01/28/2016 2 of 2 + New Edit X		
		*Termination Reason Voluntary Withdrawal	
		*Effective Date 01/28/2016	

Step 2: Term Using TODAY's Date

Participant Go Broncos

Category: Child (Male)

Date of Birth: 09/09/2011 (4 y 4 m)

WIC Status: Terminated **End:** 03/2016

Certification

Certification Dates 09/29/2011 to 03/31/2016 of 9

Buttons: Certify, Summary, Signature, Fulfill Prov, Modify Cert End Date

Termination

Record Date 01/28/2016

***Termination Reason** Voluntary Withdrawal

***Effective Date** 01/28/2016

Initial Certification Date: 09/29/2011

Modified CED: 03/31/2016

Termination End Date: 03/31/2016

Application Type: Regular

Categorical Elig End Date: 09/30/2016

Page 2 of 2 | New | Edit | X

Step 3: Print Notice of Termination

The screenshot shows a web application interface. At the top, there is a navigation bar with three tabs: 'Printouts', 'View', and 'Help'. The 'Printouts' tab is active, and a dropdown menu is displayed below it. The menu contains the following items: 'Farmers' Market Nutrition Program Receipt - English', 'General Signature Document', 'Notice of Ineligibility - English', 'Notice of Termination - English' (highlighted with a blue arrow), 'Notice of Waiting List - English', 'Release of Information', 'Rights and Responsibilities - English', 'Signed Statement - English', and 'Verification of Certification'. Below the menu, there are three buttons: 'Signature', 'Fulfill Prov', and 'Modify Cert End Date'. To the right of these buttons, there is a section titled 'Termination' with a 'Record Date' of '01/28/2016'. Below this, there is a red text label '*Termination Reason' followed by a button labeled 'Vol'. In the background, there is a form with various fields, including 'Certification End Date: 03/31/2016', 'Application Type: Regular', and 'Categorical Elig End Date: 09/30/2016'. There is also a pagination bar showing '1 of 9'.

Notice of Termination



Nebraska WIC Program Notice of Program Termination

1/28/2016

Momma Broncos
50846 841ST RD
ELGIN, NE 68636

Dear Momma:

Go Broncos

will be terminated from WIC 15 days from

01/27/2016

for the following reason Voluntary Withdrawal.

This notice only affects Go Broncos.

Please pick up checks and keep WIC appointments for other family members.

If you disagree with this decision, you have 75 days from the date of this notice to appeal the decision by requesting a Fair Hearing.

If you appeal this notice within 15 days of termination Go Broncos will continue to receive WIC checks during the appeal process until the end of the current certification.

Step 4: DO NOT SAVE

Termination

Record Date 01/28/2016

*Termination Reason Voluntary Withdrawal

*Effective Date 01/28/2016

Staff Member: Marge Blankenship

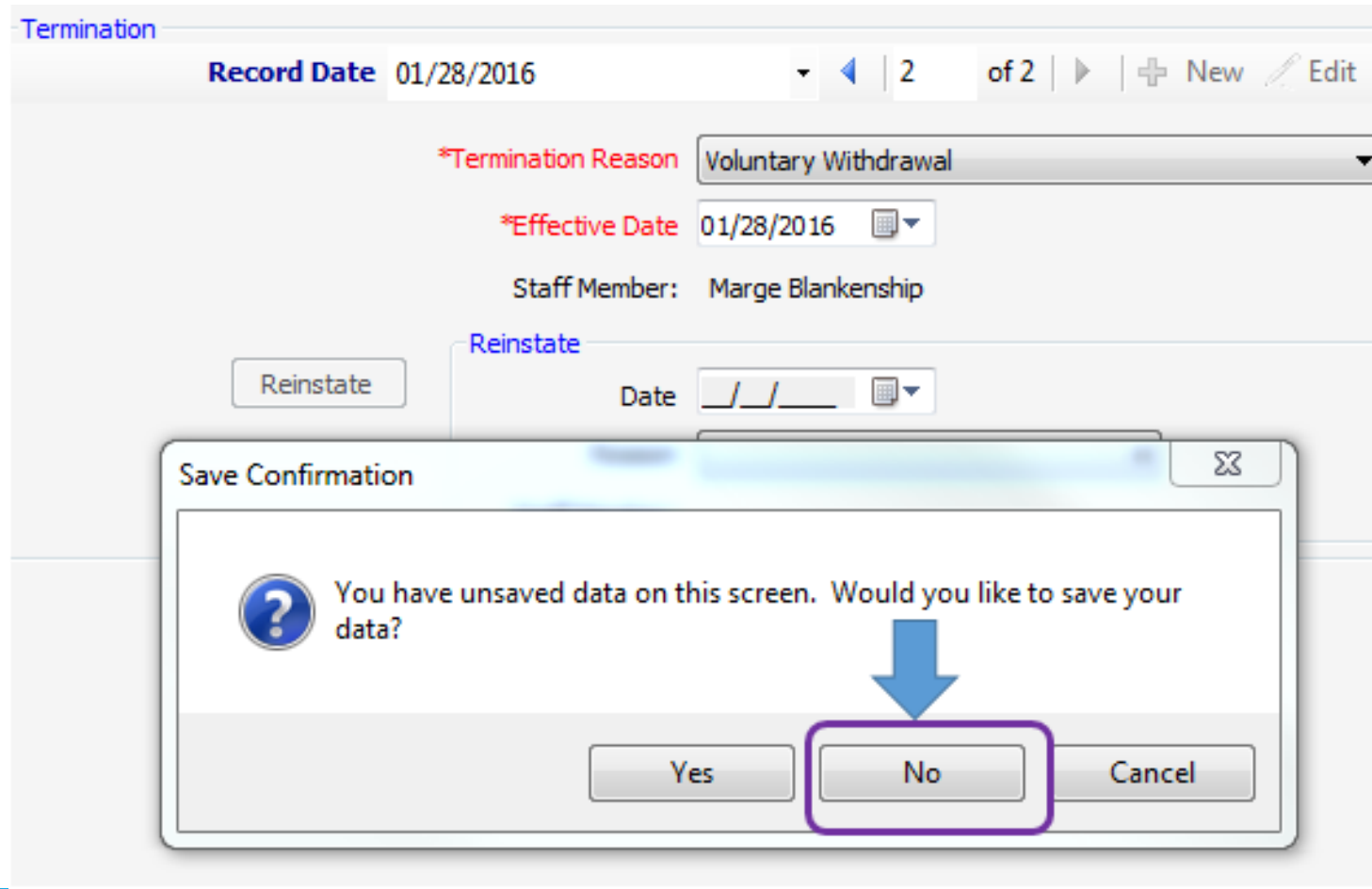
Reinstate

Date

Save Confirmation

? You have unsaved data on this screen. Would you like to save your data?

Yes No Cancel

The image shows a software interface for processing a termination. The main form is titled "Termination" and contains fields for "Record Date" (01/28/2016), "*Termination Reason" (Voluntary Withdrawal), "*Effective Date" (01/28/2016), and "Staff Member" (Marge Blankenship). There is a "Reinstate" button and a "Date" field. Overlaid on this form is a "Save Confirmation" dialog box. The dialog box contains a question mark icon and the text "You have unsaved data on this screen. Would you like to save your data?". At the bottom of the dialog box are three buttons: "Yes", "No", and "Cancel". A blue arrow points down to the "No" button, which is also highlighted with a purple rectangular border, indicating the correct action to take.


Step 5: Change Term Date

Option 1:

- Calculate New Term Date
- Enter into Effective Date Field (15 days from today)

Option 2:

- Delete Term Record
- Choose New
- Enter Term Reason

Record Date	01/28/2016	▼	◀	2	of 2	▶	+	New	✎	Edit	✖
*Termination Reason	<input type="text" value="Voluntary Withdrawal"/>										
*Effective Date	<input type="text" value="02/12/2016"/> 										

Questions



Food Packages

FOR PART BREASTFEEDING INFANTS



Part BF Infants

WITHIN RANGE

- Infant is both breastfeeding and getting formula
- Provides the number of cans of formula that will still allow the mom to receive the BF food package
- Approximately ½ the amount of a full formula package

Part BF infant after 1 month of age

OUT OF RANGE

- Infant is getting formula AND breastfeeding on the average of at least 1 time per day
- Provides the maximum number of cans of formula available for issuance
- Same number of cans as in a full formula package

Any Part BF infant 0-1 month of age

Model Food Packages Part BF

Participant Bahama Blue | 2 of 2

Category: Infant (Male) **Part BF** **BW**
Date of Birth: 12/30/2015 (0 m 28 d) **WIC Status:** Active **Cert. End:** 12/2016 **Last FB:**

Food Package

Effective Date: 02/01/2016 | 2 of 2 | New Edit Delete

End Date: Do Not Auto-Update ☐ Partial BF Within Range

Verified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)
Self-Reported ☐ Details

Verify Copy

Model Food Package Enfamil Gentlease 0-3 mo Part BF Within range

View ☒ Full ☐ 2/3 ☐ 1/3 ***FB Issuance** 1 Month 1st Day: 1 (Contract)

Food Package Name: Enfamil Gentlease 0-3 mo Part BF Within range

Food Package

Category	Item Description	FI1	Month	Total	Doc ID
21 Infant Formula (IF)	(12.4-OZ) ENFAMIL GENTLEASE - P...	4	All	4	

Add Food Remove Food Add FI Remove FI

Model Package Part BF – Concentrate Formula

Participant Bahama Blue 2 of 2

Category: Infant (Male) **Part BF** **BW**

Date of Birth: 12/30/2015 (0 m 29 d) **WIC Status:** Active **Cert. End:** 12/2016 **Last FB:**

Food Package

Effective Date 02/01/2016 1 of 2 [New](#) [Edit](#) [Delete](#)

End Date: Do Not Auto-Update ☐ Partial BF Within Range

Verified Special Diet ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Verify Self-Reported ☐ Details

Copy

Model Food Package Enfamil ProSobee (CONC) 0-3 mo Part BF

View ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance 1 Month 1st Day: 1 (Contract)

Food Package Name: Enfamil ProSobee (CONC) 0-3 mo Part BF

Food Package					
Category	Item Description	FI1	Month	Total	Doc ID
21 Infant Formula (IF)	(13-OZ) ENFAMIL PROSOBEE - CON...	14	All	14	

[Add Food](#) [Remove Food](#) [Add FI](#) [Remove FI](#)

Part BF Infant 1 month of age

Category: Infant (Male) **Part BF** **HR** **BW**
Date of Birth: 12/12/2015 (1 m 3 d) **WIC Status:** Active **Cert. End:** 12/2016 **Last FB:**

Food Package
Effective Date: 01/15/2016 2 of 2 [New](#) [Edit](#) [Delete](#)
End Date: 01/31/2016 **Do Not Auto-Update:** ☐ **Partial BF Out of Range**
Verified **Special Diet:** ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)
Self-Reported: ☐ **Details:**
Model Food Package:
View: ☒ Full ☐ 2/3 ☐ 1/3 **FB Issuance:** 2 Months **1st Day:** 1 (Contract)
Food Package Name: Enfamil Infant 0-3 mo Part BF Within range

Category	Item Description	FI1	Month	Total
21 Infant Formula (IF)	(12.5 OZ) ENFAMIL INFANT POWDER	4	All	4

Food Package
Category **Item Description** **FI1** **Month** **Total**

Add Food **Remove Food** **Add FI** **Remove FI**

MOM

Category: Breastfeeding **WIC Status:** Active **Cert. End:** 12/2016 **Last FB:**

Date of Birth: 10/10/1990 (25 y)

Food Package
Effective Date: 01/15/2016 2 of 2 [New](#) [Edit](#) [Delete](#)
End Date: 01/31/2016 **Do Not Auto-Update:** ☐ **Partial BF Out of Range**
Verified **Special Diet:** ☐ (Prescribed Formula/Food, Religious Reason) [Documentation](#)
Self-Reported: ☐ **Details:**
Model Food Package:
View: ☒ Full ☐ 2/3 ☐ 1/3 **FB Issuance:** 3 Months **1st Day:** 1
Food Package Name: Not BF/Part BF Out - Standard Milk

Category	Item Description	FI1	FI2	FI3	Month	Total
03 Eggs	(DOZEN) MEDIUM OR LARGE EGGS	1			All	1
05 Cereal (Adult)	(OUNCES OR LESS) CEREAL		36		All	36
06 Legumes	(16-18 OZ) PEANUT BUTTER OR DRI...		1		All	1
19 Fruits and Veget...	FRESH FRUITS AND VEGETABLES M...	1			All	1
52 Milk - Fat Free/1%	(GALLON) MILK - 1% OR FAT FREE ...		2	2	All	4
53 Juice - 12 oz Fro...	(11.5-12 OZ) FROZEN OR POURABL...		1	1	All	2

Food Package
Category **Item Description** **FI1** **FI2** **FI3** **Month** **Total**

Add Food **Remove Food** **Add FI** **Remove FI**

Food Package Milestones



.

Automated changes to a food package that happen when a participant reaches a certain “milestone” age



4-5 months of age



2 years of age

At 4 months of age

When an infant reaches 4 months of age - the maximum amount of formula provided in the food package increases

- Never BF or No Longer BF
- Contract Formula and Special Formula
- The month after infant turns 4 months



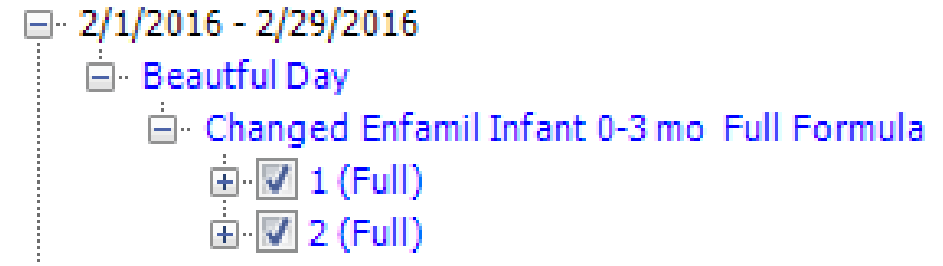
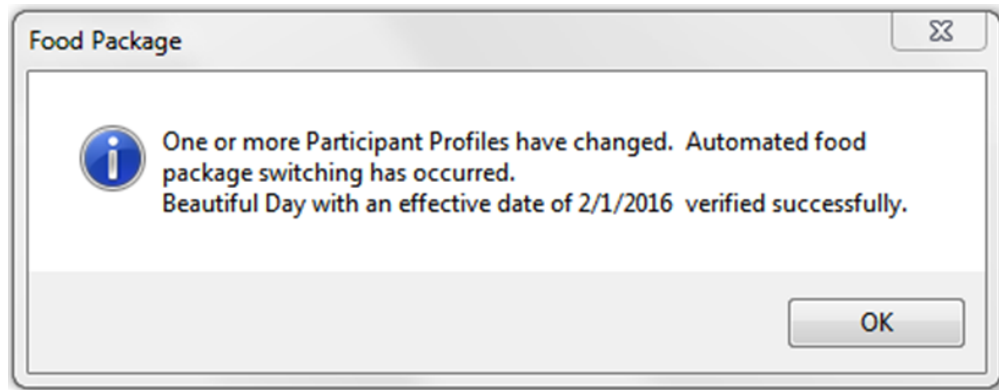
Example

Participant: Beautiful Day	Category: Infant (Female)	No Longer BF	HR	BW	Edit
Date of Birth: 09/11/2015 (4 m 15 d)	WIC Status: Active	Cert. End: 09/2016	Last FB: Nov 15		
10/1/2015, Gain recommended weight by next visit.		*FB Issuance	2 Months ▼		

- Turns 4 months on 1/11/2016
- Milestone food package change on February checks

How do you know?

1. Pop up message on Food Package or Food Benefits Panel
2. Food Benefits Panel – Food Package name includes the word “Changed”



At 2 years old

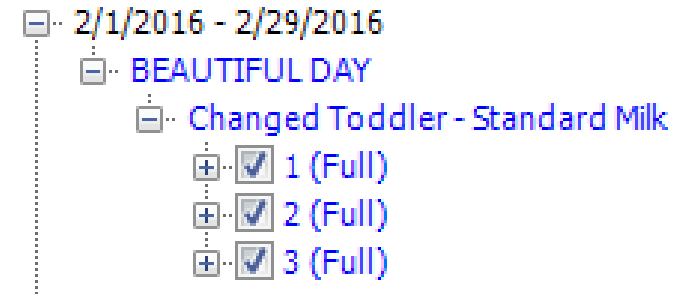
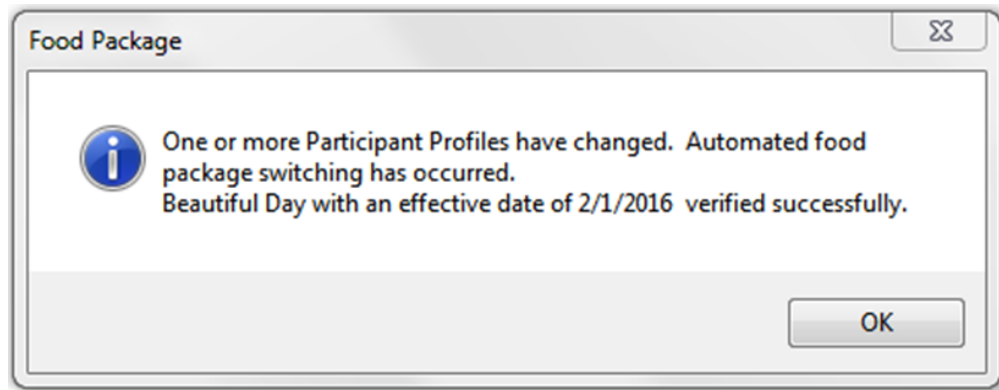


When a child reaches 2 years of age – standard milk package changes from whole milk to 1% or skim milk

- The month AFTER child's 2nd birthday month
- Will not change toddler package that was tailored to 2% milk
- Will not change toddler standard cheese
Option 1: Auto update toddler package with cheese to child package standard milk (no cheese)

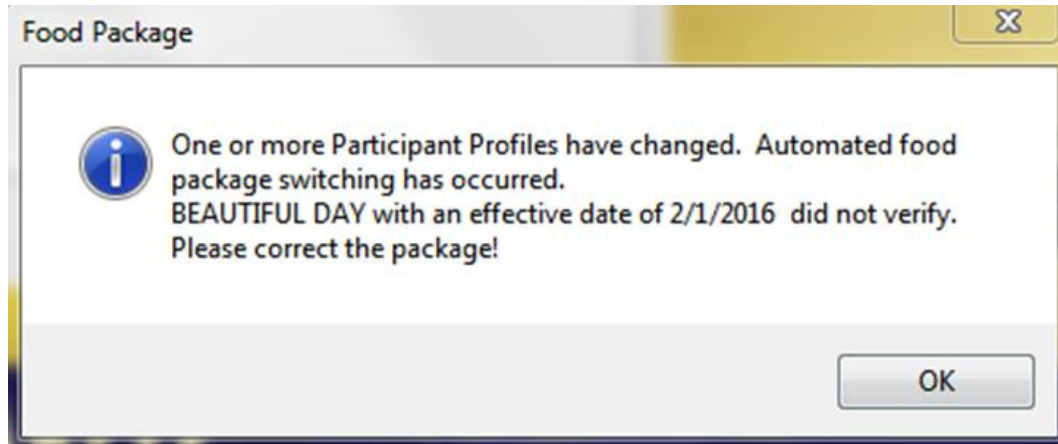
How do you know?

1. Pop up message on Food Package or Food Benefits Panel
2. Food Benefits Panel – Food Package name includes the word “Changed”

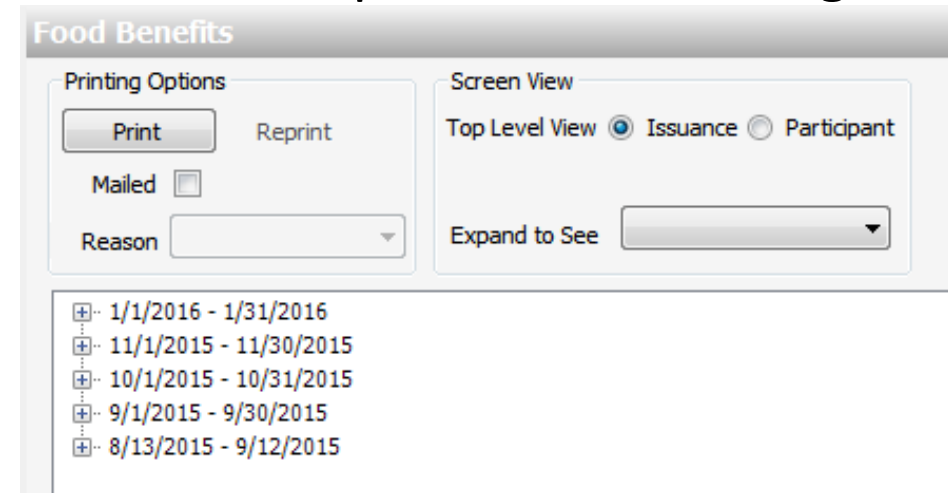


How do you know?

1. Pop up message on Food Benefits Panel



2. Food Benefits Panel – Checks not available to print; Error messages



Person ID: 3[REDACTED], Name: BEAUTIFUL DAY, FB Issuance: 3 Months

- 1/1/2016: Food Package 'Tailored Toddler - Standard Milk' - Warning: There is no Nutrition Interview Record for today.
- The food package that covers BEAUTIFUL DAY beginning 2/1/2016 is not verified. Go to the Food Package screen to verify the Participant's food package.

Questions



Food Packages

Changes

Comments & Suggestions



**“Life is a field of
unlimited possibilities.”**

- Deepak Chopra

Simple Reminders
SIMPLEREMINDERS.COM

Part BF Out of Range Max

Participant: Midnight Blue | 1 of 2

Category: **Infant (Male)** | Part BF | BW

Date of Birth: **12/20/2015** (1 m 7 d) | WIC Status: **Active** | Cert. End: **12/2016** | Last FB:

Food Package

Effective Date: 02/01/2016 | 2 of 2 | [New](#) [Edit](#) [Delete](#)

End Date: | Do Not Auto-Update ☐ | Partial BF Out of Range

Verified | Special Diet ☐ (Prescribed Formula/Food, Religious Reason) | [Documentation](#)

Verify | Self-Reported ☐ | Details

Model Food Package: Enfamil Gentlease 0-3 mo Part BF Out of range max

View: ☒ Full ☐ 2/3 ☐ 1/3 | *FB Issuance: 1 Month | 1st Day: 1 (Contract)

Food Package Name: Enfamil Gentlease 0-3 mo Part BF Out of range max

Food Package

Category	Item Description	FI1	FI2	Month	Total	Doc ID
21 Infant Formula (IF)	(12.4-OZ) ENFAMIL GENTLEASE - P...	5	4	All	9	

[Add Food](#) | [Remove Food](#) | [Add FI](#) | [Remove FI](#)

Model package name includes number of cans

Participant Maya Mango 1 of 1

(Male) Part BF
2/25/2015 (1 m 3 d) WIC Status: Active Cert. End: 12/2016

Effective Date 02/01/2016 1 of 2 New Edit Delete

End Date: Do Not Auto-Update Partial BF Out of Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Self-Reported Details

Model Food Package Enfamil Gentlease 0-3 mo Part BF Out of range - 9

View Full 2/3 1/3 *FB Issuance 1 Month 1st Day

Food Package Name: Enfamil Gentlease 0-3 mo Part BF Out of range - 9 (Contract)

Food Package						
Category	Item Description	FI1	FI2	Month	Total	Doc ID
21 Infant Formula (IF)	(12.4-OZ) ENFAMIL GENTLEASE - P...	5	4	All	9	

Participant Maya Mango 1 of 1

(Male) Part BF
2/25/2015 (1 m 3 d) WIC Status: Active Cert. End: 12/2016

Effective Date 02/01/2016 1 of 2 New Edit Delete

End Date: Do Not Auto-Update Partial BF Within Range

Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Self-Reported Details

Model Food Package Enfamil Gentlease 0-3 mo Part BF Within range - 4

View Full 2/3 1/3 *FB Issuance 1 Month 1st Day

Food Package Name: Enfamil Gentlease 0-3 mo Part BF Within range - 4 (Contract)

Food Package						
Category	Item Description	FI1	Month	Total	Doc ID	
21 Infant Formula (IF)	(12.4-OZ) ENFAMIL GENTLEASE - P...	4	All	4		

Special Diet – Formula Package Names

Effective Date: 02/01/2016 | 1 of 2 | New Edit Delete

End Date: Do Not Auto-Update ☐ Partial BF Within Range

Special Diet ☒ (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Self-Reported ☐ Details

Model Food Package: Food Pkg III-Nutramigen Enflora 0-3 mo Part BF

View: ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance: 1 Month 1st Day: 1 (Non-Contract)

Food Package Name: Food Pkg III-Nutramigen Enflora 0-3 mo Part BF

Food Package						
Category	Item Description	FI1	FI2	Month	Total	Doc ID
31 Exempt Infant F...	(12.6-OZ) NUTRAMIGEN WITH ENFL...	3	2	All	5	

Current

Effective Date: 02/01/2016 | 1 of 2 | New Edit Delete

End Date: Do Not Auto-Update ☐ Partial BF Within Range

Special Diet ☒ (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Self-Reported ☐ Details

Model Food Package: Nutramigen Enflora 0-3 mo Part BF

View: ☒ Full ☐ 2/3 ☐ 1/3 *FB Issuance: 1 Month 1st Day: 1 (Non-Contract)

Food Package Name: Nutramigen Enflora 0-3 mo Part BF

Food Package						
Category	Item Description	FI1	FI2	Month	Total	Doc ID
31 Exempt Infant F...	(12.6-OZ) NUTRAMIGEN WITH ENFL...	3	2	All	5	

Suggested

Food Packages Comments and Suggestions

Email

Julieann.boyle@nebraska.gov



Questions



Upcoming Webinars

SAVE THE DATES

FUTURE TRAINING

WEBINAR

Date	Time (CST)	Tentative Topics
Feb 29, 2016	1:00 – 3:00	Foster children, Formula Changes, Documenting Medicaid, Acceptable Proofs for Address, Income, ID, Other TBD
June 30, 2016	10:00 – 12:00	TBD
Sept 29, 2016	10:00 – 12:00	TBD

Our Journey



Past, Present, Future

WIC & CSFP Conference
Holiday Inn, Kearney NE
April 12-13, 2016

Our Journey



Past, Present, Future

Potential Topics

- ❖ Civil Rights/Cultural Competency
- ❖ Workplace Safety
- ❖ Medicaid/Snap Update
- ❖ CPA Special Formula Update
- ❖ Journey Reports
- ❖ Internet Safety/Confidentiality
- ❖ World Cafe
- ❖ Our Journey past, Present, Future Celebration

Watch for this Registration form

2016 WIC & CSFP Conference Registration Form

RETURN BY MARCH 10, 2016

Local WIC/CSFP Agency Name:	Name:
	Individual Work Email Address:

Title/Job Position - Please check one

WIC Program:

- ☐ Director/Coordinator
- ☐ Clerk/Support Staff
- ☐ CPA
- ☐ Vendor Manager
- ☐ Breastfeeding Peer Counselor
- ☐ State WIC Staff
- ☐ Other

CSFP Program:

- ☐ Director/Coordinator
- ☐ CSFP staff
- ☐ Other

Plated Lunch Options (Tuesday) - Choose one:

- ☐ Sherry Glazed Chicken (with mashed potatoes)
- ☐ Pasta Primavera (pasta & roasted vegetables)

Mail this registration Form & \$120 Registration
Fee by March 10, 2016 to:

Barb Packett
WIC/CSFP Annual Meeting Registration
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026

Make checks payable to:
CASHIERS OFFICE

Our Journey



Past, Present, Future

Make Hotel Reservations

2016 WIC & CSFP Conference - Information

Conference Registration Fee: \$120

- Fee includes conference materials, breakfast, lunch & breaks
- Registration materials - **due March 10, 2016**

Hotel Accommodations



Make Your Reservations NOW!

- Call Holiday Inn at 308-237-5971
- Room rates are for 1-4 persons at \$89/night
- When reserving rooms, specify you are with "*WIC/CSFP, Nebraska Health & Human Services*" in order to guarantee the group rate for our block of rooms.
- **Make your room reservations no later than March 10, 2016.**

Infants



Infants under 6 months of age are welcome.

Please respect the learning needs of other participants and care for your baby outside the meeting room if your baby makes either "happy" or "sad" sounds.

Thanks for attending

REMEMBER TO COMPLETE THE ATTENDANCE POLL BEFORE
LOGGING OUT